

**FORM  
5A**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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**COMPLETED INTERVAL REPORT**

Document Number:

400222019

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100322 4. Contact Name: Eileen Roberts  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30080-00 6. County: WELD  
7. Well Name: ABBEY Well Number: D01-29  
8. Location: QtrQtr: NWNW Section: 1 Township: 3N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

|  |                                      |   |  |
|--|--------------------------------------|---|--|
| FORMATION: <u>NIORBARA-CODELL</u>  |                                      | Status: <u>PRODUCING</u>  |  |
| Treatment Date: <u>07/26/2011</u>  |                                      | Date of First Production this formation: <u>07/28/2011</u>          |  |
| Perforations   | Top: <u>6644</u> Bottom: <u>6852</u> | No. Holes: <u>96</u>  | Hole size: <u>0</u>                                      |
| Provide a brief summary of the formation treatment:  |                                      | Open Hole: <input type="checkbox"/>                                 |  |
| <p>Frac'd the Niobrara-Codell w/ 274446 gals of Silverstim and Slick Water with 493,400#'s of Ottawa sand.</p> <p>The Codell is producing through a Composite Flow Through Plug.</p> <p>Commingle the Niobrara and Codell.</p> |                                      |   |  |
| This formation is commingled with another formation:   |                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>Test Information:</b>   |                                      |   |  |
| Date: <u>08/05/2011</u>  | Hours: <u>19</u>                     | Bbls oil: <u>70</u>   | Mcf Gas: <u>156</u> Bbls H2O: <u>22</u>                  |
| Calculated 24 hour rate:   |                                      | Bbls oil: <u>70</u>   | Mcf Gas: <u>156</u> Bbls H2O: <u>22</u> GOR: <u>2228</u> |
| Test Method: <u>FLOWING</u>  | Casing PSI: <u>700</u>               | Tubing PSI: <u>0</u>  | Choke Size: <u>010/64</u>                                |
| Gas Disposition: <u>SOLD</u>   | Gas Type: <u>WET</u>                 | BTU Gas: <u>1283</u>  | API Gravity Oil: <u>50</u>                               |
| Tubing Size: _____   | Tubing Setting Depth: _____          | Tbg setting date: _____   | Packer Depth: _____                                      |
| Reason for Non-Production:<br>_____<br>_____   |                                      |   |  |
| Date formation Abandoned: _____  |                                      | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, number of sacks cmt _____                        |
| Bridge Plug Depth: _____   |                                      | Sacks cement on top: _____  |  |

Comment:  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Eileen RobertsTitle: Regulatory Specialist Date: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

| Att Doc Num | Name |
|-------------|------|
|             |      |

Total Attach: 0 Files

**General Comments**

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)